## CITY OF SAN JOSÉ REQUEST FOR LEAVE OF ABSENCE

## **INSTRUCTIONS:**

- 1. PRINT OR TYPE CLEARLY.
- 2. ATTACH PHYSICIAN'S STATEMENT OR ORDERS FROM MILITARY AUTHORITY, IF RELEVANT.
- 3. REQUEST MUST BE SIGNED BY THE EMPLOYEE & DEPT HEAD. CMO SIGNATURE FOR ADMINISTRATIVE LEAVE ONLY.
- 4. SUBMIT COMPLETED REQUEST TO HUMAN RESOURCES, COUNCIL WING 2<sup>ND</sup> FLOOR, CITY HALL

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	EMPLOYEE INFORMATION	
Name:	Empl I.D. #:	
Department:	Classification:	
		FOR OFFICE LISE ONLY
☐ LEAVE WITH PAY	Y MILITARY LEAVE	FOR OFFICE USE ONLY
☐ LEAVE W/OUT P/	AY ADMINISTRATIVE LEAVE	
Specific reason for		
(Employee's own illr		
educational sabbatical, military leave, etc.)		
☐ DURATION OF REG	QUESTED LEAVE: from: through (& including)	MONTH DAY YEAR
EXTENTION OF LEAVE REQUESTED: from: through (& including):		
☐ PLEASE SEE ATT/	ACHED SUPPLIMENTAL LEAVE AUTHORIZATION FOR USE OF I	PAID or UNPAID TIME
	EMPLOYEE SIGNATURE DATE	_
DEPARTMENT HEAD – All requests require Dept Head or Designee signature		
☐ I APPROVE		
☐ I DISAPPROVE	NAME: PLEASE INCLUDE DEPT HEAD NAME (OR DESIGNEE) AND TITLE	
	SIGNATURE DATE	_
CITY MANAGER - A	Administrative leave only	
☐ I APPROVE		
☐ I DISAPPROVE	NAME: PLEASE INCLUDE CITY MANAGER NAME (OR DESIGNEE) AND TITLE	
_	SIGNATURE DATE (CITY MANAGER SIGNATURE REQUIRED FOR ADMINISTRATIVE LEAVE ONLY	- )

## Supplemental Leave of Absence Request Form

## Authorization to Record Paid and Unpaid Time during a Leave of Absence (Not to be used for Family Medical Leave-FMLA)

For additional information or for assistance to complete this form, please see your Department Timekeeper

I understand that:

Employee

Signature:

- This Supplemental Leave Form must be attached to a completed Request for Leave of Absence form.
- The following authorized use of time may not be changed by time submitted on a timesheet during my leave unless a revised Authorization to Record Paid and Unpaid Time is submitted prior to the pay period during which a change occurs. If I submit paid time which differs from this Authorization to Record Paid and Unpaid Time, that paid time will not be paid.
- Paid time-off may not exceed my available leave balances, i.e., sick, vacation, comp time, personal or executive leave. Leave balance information is available from my Timekeeper. My first day of absence from work for this leave will be: My first day of paid leave from work will be: My first day of unpaid leave from work will be: I am regularly scheduled to work: hours per week I am regularly scheduled to work the following S=\_\_ M=\_\_ T=\_\_W=\_\_ Th=\_\_ F=\_\_ S=\_\_ S= M=\_ T=\_ W=\_ Th=\_ F=\_ S=\_ hours, per day, each pay period: I expect to return to work on: from / / through / / Pay Period # from / / through / / Pay Period # hours regular work or holiday hours regular work or holiday hours sick leave PER or EXE leave hours: \_\_\_\_\_ hours sick leave PER or EXE leave hours: \_\_\_\_ hours vacation hours vacation hours compensatory time off hours compensatory time off hours paid disability leave (Worker's Comp) hours paid disability leave (Worker's Comp) hours of unpaid time, if paid leave exhausted hours of unpaid time, if paid leave exhausted \_\_\_\_ from \_\_\_ / \_ / \_\_\_ through / / from / / through / / Pay Period # Pay Period # hours regular work or holiday hours regular work or holiday hours sick leave PER or EXE leave hours: \_\_\_\_\_ hours sick leave PER or EXE leave hours: hours vacation hours vacation hours compensatory time off hours compensatory time off hours paid disability leave (Worker's Comp) hours paid disability leave (Worker's Comp) hours of unpaid time, if paid leave exhausted hours of unpaid time, if paid leave exhausted from / / through / / from / / through / / Pay Period # Pay Period # hours regular work or holiday hours regular work or holiday hours sick leave PER or EXE leave hours: hours sick leave PER or EXE leave hours: hours vacation hours vacation hours compensatory time off hours compensatory time off hours paid disability leave (Worker's Comp) hours paid disability leave (Worker's Comp) hours of unpaid time, if paid leave exhausted hours of unpaid time, if paid leave exhausted

Last name:

First name:

Date: